3. NJDEP Medical Waste Identification Number

NEW JERSEY REGULATED MEDICAL WASTE TRANSPORTER ANNUAL REPORT

1. Reporting period 7/1/___ (previous year) to 6/30/___ (current year) **Due** 7/30/___ (current year)

2. Transporter Name and Mailing Address

(revised November 2010)

NEW JERSEY DEPARTMENT OF ENVIRONMENTAL PROTECTION

Solid and Hazardous Waste Management Program- Bureau of Landfill and Hazardous Waste Permitting (609) 984-6985

I. TRANSPORTER IDENTIFICATION INFORMATION

Name			
Address			
City, State, and Zip Code			
		4. Certification for	Intermediate Transporter
		[] Yes [] No	
5. Contact Person			
		(()
Name (Please Print)	Title	Te	elephone Number
6. Certification			
Name and official title of owner of	or owner's authoriz		
Signature	Title		Date
Ι	I. DISPOSITION	NINFORMATION	
7. Total Quantity of Regulated Medica RMW reported as being delivered to a secon column only report RMW that was delivered	d transporter should r	not also be reported under t	
		Fransporter or fer Facility	Intermediate Handler or Destination facility
A. Untreated Waste (pounds)			
B. Treated Waste (pounds)			

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III. GENERATOR IDENTIFICATION

8. Total Number of Generators From Whom Regulated Medical Waste was Accepted (If your answer is "0", skip to Section IV)						
9. Identity of Generators (Please complete Sections A, B, C, D and E for each	Generator)					
A. Name and Location of Generator	C. Type of Generator If Other, Specify					
Name	D. Quantity of Regulated Medical Waste Accepted from Generator					
Address	Untreated pounds Treated pounds					
City, State, and Zip Code	E. Generator Identification Number					
B. County code						
A. Name and Location of Generator	C. Type of Generator If Other, Specify					
Name	D. Quantity of Regulated Medical Waste Accepted from Generator Untreated pounds Treated pounds					
Address						
City, State, and Zip Code						
B. County code	E. Generator Identification Number					
A. Name and Location of Generator	C. Type of Generator If Other, Specify					
Name	D. Quantity of Regulated Medical Waste Accepted from Generator					
Address	Untreated pounds Treated pounds					
City, State, and Zip Code						
B. County code	E. Generator Identification Number					
A. Name and Location of Generator	C. Type of Generator If Other, Specify					
Name	D. Quantity of Regulated Medical Waste Accepted from Generator					
Address	Untreated pounds Treated pounds					
City, State, and Zip Code	E. Generator Identification Number					
B. County code						

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IV. SECOND TRANSPORTER AND TRANSFER FACILITY IDENTIFICATION

10. Total Number of Second Transporters and Transfer Facilities to which Regulated Medical Waste was Delivered (If your answer is "0", complete Section V. If your answer is more than "0," then complete Section VI. Complete Section V if applicable or enter "0")					
11. Identity of Second Transporter and Transfer Facilities (Please complete Sections A and B for each Facility)					
A. Name and Location of [] Second Transporter [] Transfer Facility (Check one) Name Address City, State, and Zip Code	B. Quantity of Regulated Medical Waste Delivered to Second Transporter/Transfer Facility Untreatedpounds Treatedpounds				
A. Name and Location of [] Second Transporter [] Transfer Facility (Check one) Name Address	B. Quantity of Regulated Medical Waste Delivered to Second Transporter/Transfer Facility Untreatedpounds Treatedpounds				
City, State, and Zip Code A. Name and Location of [] Second Transporter [] Transfer Facility (Check one) Name Address City, State, and Zip Code	B. Quantity of Regulated Medical Waste Delivered to Second Transporter/Transfer Facility Untreatedpounds Treatedpounds				
A. Name and Location of [] Second Transporter [] Transfer Facility (Check one) Name Address City, State, and Zip Code	B. Quantity of Regulated Medical Waste Delivered to Second Transporter/Transfer Facility Untreatedpounds Treatedpounds				

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Transporter	Name	rac	10	,	$O_{\mathbf{L}}$	

V. INTERMEDIATE HANDLER AND DESTINATION FACILITY IDENTIFICATION

12. Total Number of Intermediate Handlers and Destination Facilities which Accepted Regulated Medical Waste for Disposal (If your answer is "0", do not continue with this Section)						
· · · · · · · · · · · · · · · · · · ·	13. Identity of Intermediate Handlers and Destination Facilities (Please complete Sections A, B and C for each Facility)					
A. Name and Location of [] Intermediate Handler [] Destination Facility (Check one) Name Address City, State, and Zip Code	B. Facility Type C. Quantity of Regulated Medical Waste Delivered to Intermediate Handler/Destination Facility Untreatedpounds Treatedpounds					
A. Name and Location of [] Intermediate Handler [] Destination Facility (Check one) Name Address City, State, and Zip Code	B. Facility Type C. Quantity of Regulated Medical Waste Delivered to Intermediate Handler/Destination Facility Untreatedpounds Treatedpounds					
A. Name and Location of [] Intermediate Handler [] Destination Facility (Check one) Name Address City, State, and Zip Code	B. Facility Type C. Quantity of Regulated Medical Waste Delivered to Intermediate Handler/Destination Facility Untreatedpounds Treatedpounds					
A. Name and Location of [] Intermediate Handler [] Destination Facility (Check one) Name Address City, State, and Zip Code	B. Facility Type C. Quantity of Regulated Medical Waste Delivered to Intermediate Handler/Destination Facility Untreatedpounds Treatedpounds					

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Transp	orter	Name	-	Pay	JE	'	JL .	

VI. FINAL DISPOSAL FACILITY IDENTIFICATION

14. Total Number of Facilities which accepted Regulated Medical Waste for Disposal (Complete this section if you delivered waste to a second transporter or transfer facility and not directly to an intermediate handler or destination facility)				
15. Identity of Final Disposal Facilities (Please complete Sections A, B and C for each Fac	ility)			
A. Name and Location	B. Facility Type			
Name	C. Quantity of Regulated Medical Waste Accepted by the Final Disposal Facility			
Address	Untreatedpounds			
City, State, and Zip Code	Treatedpounds			
A. Name and Location	B. Facility Type			
Name	C. Quantity of Regulated Medical Waste Accepted by the Final Disposal Facility			
Address	Untreatedpounds			
City, State, and Zip Code	Treatedpounds			
A. Name and Location	B. Facility Type			
Name	C. Quantity of Regulated Medical Waste Accepted by the Final Disposal Facility			
Address	Untreatedpounds			
City, State, and Zip Code	Treatedpounds			
A. Name and Location	B. Facility Type C. Quantity of Regulated Medical Waste Accepted by the Final Disposal Facility			
Name	Untreatedpounds			
Address	Treatedpounds			
City, State, and Zip Code	-			